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PTO/SB/17 (12/97)

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Complete if Known	
Application Number	09/647,278
Filing Date	September 26, 2000
First Named Inventor	Janet M. Hock, et al.
Group Art Unit	1646
Examiner Name	R. Li
Attorney Docket Number	X-11965

FEE CALCULATION (continued)																																																																																																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. FILING FEE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>770</td> <td>201</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>340</td> <td>206</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>530</td> <td>207</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>770</td> <td>208</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> </div> <div style="width: 50%;"> <p>2. CLAIMS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extr a</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20**</td> <td>X</td> <td>18</td> <td></td> </tr> <tr> <td>-3**</td> <td>X</td> <td>86</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims (first time)</td> <td></td> <td>290</td> <td></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>86</td> <td>202</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>290</td> <td>204</td> <td>145</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>86</td> <td>209</td> <td>43</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> </div> </div>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	770	201	385	Utility filing fee		106	340	206	170	Design filing fee		107	530	207	265	Plant filing fee		108	770	208	385	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$)	Total Claims	Extr a	Fee from below	Fee Paid	-20**	X	18		-3**	X	86		Multiple Dependent Claims (first time)		290		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	86	202	43	Independent claims in excess of 3		104	290	204	145	Multiple dependent claim		109	86	209	43	Reissue independent claims over original patent		110	18	210	9	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)																																																																																																		
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SUBMITTED BY		Complete (if applicable)	
Typed Name	Thomas D. Webster	Reg. Number	39,872
Signature	<i>Thomas D. Webster</i>	Date	<i>August 18, 2004</i>

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.	
<i>Kimberly K. Baurer</i> By	<i>August 18, 2004</i> Date

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